SSIP Overview

1.	Please enter the name of the person to contact regarding this submission.					
	1a. Please enter a phone number for follow up questions.					
	•	nail address for follow up contact.				
2.		·				
۷.	Smart Schools Investment Pl	er this is the first submission, a new submission or an amended submission of a				
	First submission					
	Supplemental submission					
	Amended submission					
3.	Pursuant to the requirements	s of the Smart Schools funding, the planning process must include consultation with				
	parents, teachers and studer					
	By checking the boxes below	w, you are certifying that you have engaged with those required stakeholders. Each				
	box must be checked prior to	o submitting your Smart Schools Investment Plan.				
	□ Parents					
	☐ Teachers					
	□ Students					
4.	Certify that the following required steps have taken place by checking the boxes below: Each box must be checked					
	prior to submitting your Smart Schools Investment Plan.					
	☐ The Smart Schools Investment Plan was posted on the school website for at least two weeks. The school included an address to which any writte					
	comments on the plan should be	comments on the plan should be sent.				
	☐ The school board/trustees conducted a hearing that enabled stakeholders to respond to the Plan. This hearing may have occured as part of a					
	normal Board meeting, but adequate notice of the event must have been provided through the school website for at least two weeks prior to the					
	meeting. The final proposed plan that has been submitted has been pacted on the school's website.					
	☐ The final proposed plan that has been submitted has been posted on the school's website.					
	4a. Enter the webpage address where the final Smart Schools Investment Plan is posted. The Plan should remain					
	posted for the life of the	he included projects.				
5.	Your school's Smart Schools	s funding appropriation is:				
6.						
-	Enter the budget sub-allocations by category that you are submitting for approval at this time. If you are not budgeting Smart Schools funds for a category, please enter 0 (zero.) If the value entered is \$0, you will not be					
	required to complete that survey question.					
	required to complete that sui	rvey question.				
		Sub-Allocations				
	School Connectivity	- Oub-Allocations				
	Classroom Technology					
	Replacement of Transportable Cl	lassroom Units				
	High-Tech Security					
	Totals:					

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School Connectivity

	,						
1.	Briefly describe how you intend to use Smart Schools funds for high-speed broadband and/or wireless connectivity projects in school buildings.						
2.	Describe how the scho	ool plans to use digital	echnology to improve to	nology to improve teaching and learning.			
3.	Does your School Connectivity project require new construction or substantially altered space and result in capitalized cost in excess of \$100,000?						
	Yes No						
	3a. Certify that you	r school has obtained	approval from the f	following NYSED offices	s. where required:		
	☐ The Rate Settin☐ Office of Specia☐ Office of Facili	g Unit al Education		J	,		
	3b. Please enter the	e project number given	to vou by the Offic	ce of Facilities Planning	. (Required)		
4.	3b. Please enter the project number given to you by the Office of Facilities Planning. (Required) If you are submitting an allocation for School Connectivity complete this table. Note that the calculated Total at the bottom of the table must equal the Total allocation for this category that you entered in the SSIP Overview overall budget.						
			Sub-Allocation	Sub-Allocation			
	Network/Access Costs						
	Outside Plant Costs						
	School Internal Connection	ons and Components					
	Professional Services	Professional Services					
	Testing						
	Other Upfront Costs						
	Other Costs Totals:						
5.	To the extent possible, please detail the type, quantity, per unit cost and total cost of the eligible items under each sub-category.						
	Select the allowable expenditure type.	Item to be purchased	Quantity	Cost per Item	Total Cost		
	Repeat to add another item under each type.						
	Network/Access Costs Outside Plant Costs Connections/Compo nents Professional Services Testing Other Upfront Costs Other Costs						

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Classroom Learning Technology Equipment (Devices)

	ie devices y	ou intend to purchase	e and their compa	tibility with existing or pla	anned platforms or systems.	
Describe ho		osed technology pure	chases will impro	ve teaching and learning i	nside or outside of the	
maintain ar support red support, In	nd support t curring cost ternet and w	echnology purchases s of use that are inelig	s reimbursed with gible for Smart Sc ance of hotspots,	Smart Schools funds. Th	schools must have a plan to is sustainability plan should vice maintenance, technical pment, building	
☐ By check	ing this box, yo	u certify that the school has	a sustainability plan as	s described above.		
maintained	and suppor			ools funds will be distribu ain detailed device invent		
	•		a distribution and inve	entory management plan and syste	am in place	
□ By Clieck	ing uns box, yo	u certify that the school has	a distribution and nive	mory management plan and syste	m m prace.	
If you are submitting an allocation for Classroom Educational Technology, complete this table. Note that the calculated Total at the bottom of the table must equal the Total allocation for this category that you						
entered in t	the SSIP Ov	erview overall budget	i .			
				0 1 411 - 11		
Interactive M	/hitahaarda			Sub-Allocation		
Interactive W				Sub-Allocation		
Computer So	ervers			Sub-Allocation		
Computer So Desktop Cor	ervers mputers			Sub-Allocation		
Computer So Desktop Cor Laptop Com	ervers mputers puters			Sub-Allocation		
Computer So Desktop Cor Laptop Com Tablet Comp	ervers mputers puters			Sub-Allocation		
Computer So Desktop Cor Laptop Com	ervers mputers puters			Sub-Allocation		
Computer Science Scien	ervers mputers puters puters ent possible, ery.	please detail the type	e, quantity, per un		he eligible items under each	
Computer Sci Desktop Cor Laptop Com Tablet Comp Other Costs Totals: To the extesub-catego	ervers mputers puters puters ent possible, ery. lowable type. dd another			nit cost and total cost of t	-	
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Computer Son Desktop Com Laptop Com Tablet Compound Other Costs Totals: To the extessub-categor Select the all expenditure Repeat to active under expenditure Uniteractic Whitebor Comput Desktop	ervers mputers puters puters ent possible, ery. lowable type. dd another each type. ever Servers o Computers			nit cost and total cost of t	-	
Computer Son Desktop Com Tablet Computer Costs Totals: To the extessub-categor Select the all expenditure Repeat to an item under expenditure Uniter Computer Computer Desktop Laptop (1)	ervers mputers puters puters ent possible, ery. lowable type. dd another each type. ive pards er Servers			nit cost and total cost of t	-	

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Replace/Modernize Transportable Classrooms

2a. 2b. 3. If you	Yes No Certify that you The Rate Setting Office of Specia Office of Facilities Please indicate of you have made an all lote that the calculated	have obtained approva Unit I Education ies Planning the Project Number ob	al from the followin tained from the Off ransportable Class of the table must eq	or substantially altered song NYSED offices, where fice of Facilities Plannin rooms, complete this talual the Total allocation	required: g. (Required)		
2b. 3. If y No en	No Certify that you The Rate Setting Office of Specia Office of Facilities Please indicate of you have made an all lote that the calculated	Unit I Education ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	tained from the Off ansportable Class f the table must eq	fice of Facilities Plannin rooms, complete this ta	g. (Required) ble.		
2b. 3. If y No en	No Certify that you The Rate Setting Office of Specia Office of Facilities Please indicate of you have made an all lote that the calculated	Unit I Education ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	tained from the Off ansportable Class f the table must eq	fice of Facilities Plannin rooms, complete this ta	g. (Required) ble.		
2b. 3. If y No en	☐ The Rate Setting☐ Office of Specia☐ Office of Facilities. D. Please indicate to you have made an allote that the calculated.	Unit I Education ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	tained from the Off ansportable Class f the table must eq	fice of Facilities Plannin rooms, complete this ta	g. (Required) ble.		
3. If your new areas and a second new areas area	Office of Specia Office of Facilities. Please indicate of you have made an allote that the calculated	I Education ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	ransportable Class of the table must eq	rooms, complete this ta	ble.		
3. If your new areas and a second new areas area	Office of Specia Office of Facilities. Please indicate of you have made an allote that the calculated	I Education ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	ransportable Class of the table must eq	rooms, complete this ta	ble.		
3. If your control of the second control of	☐ Office of Facilities. Please indicate of you have made an allote that the calculated	ies Planning the Project Number ob location for Replace Tr d Total at the bottom o	ransportable Class of the table must eq	rooms, complete this ta	ble.		
3. If your new areas and a second new areas area	b. Please indicate f you have made an all lote that the calculate	the Project Number ob location for Replace Tr d Total at the bottom o	ransportable Class of the table must eq	rooms, complete this ta	ble.		
3. If your en	you have made an all	location for Replace Tr d Total at the bottom o	ransportable Class of the table must eq	rooms, complete this ta	ble.		
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No en	lote that the calculated	d Total at the bottom o	of the table must eq	•			
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	intered in the 33ir Ov	erview overall budget.					
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C				Cult Allegation			
<u> C</u>	Construct Nove Instructions	ol Coope	Sub-Allocation	Sub-Allocation Sub-Allocation			
l E	Construct New Instructions	•					
	Enhance/Modernize Existing Instructional Space Other Costs						
	Fotals:						
	To the extent possible, please detail the type, quantity, per unit cost and total cost of the eligible items under each sub-category.						
_							
	Select the allowable expenditure type.	Item to be purchased	Quantity	Cost per Item	Total Cost		
	Repeat to add another tem under each type.						
	Construct New						
	Instructional Space						
	Enhance/Modernize						
	Existing Instructional						
	Space						
	Other Costs						

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High-Tech Security Features

. Descrii	be how you inte	nd to use Smart Scho	ols funds to instal	I high-tech security featu	res in school buildings and			
on sch	on school campuses.							
-	Does your High-Tech Security project require new construction or substantially altered space and result in capitalized cost in excess of \$100,000?							
Yes No								
2a.	Certify that your	school has obtained	approval from the	following NYSED offices	, where required:			
I	☐ The Rate Setting☐ Office of Specia☐ Office of	l Education						
_	☐ Office of Faciliti							
2b.	Please enter the	project number giver	to you by the Off	ice of Facilities Planning.	(Required)			
Note th	nat the calculated	-	of the table must e	s, complete this table. equal the Total allocation	for this category that you			
				Sub-Allocation				
Main Eı	Main Entrance Electronic Security System							
Main Eı	Main Entrance Entry Control System							
	ed Door Hardening	Project						
	Other Costs							
Totals:	Totals:							
	To the extent possible, please detail the type, quantity, per unit cost and total cost of the eligible items under each sub-category.							
	the allowable iture type.	Item to be purchased	Quantity	Cost per Item	Total Cost			
	to add another der each type.							
	pital-Intensive curity Project							
Ma	in Entrance							
Ele	ectronic Security							
	stem							
	in Entrance Entry							
	ntrol System							
	proved Door							
	rdening Project							
Oth	ner Costs							

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